## State of Nevada

## Board of Psychological Examiners

4600 Kietzke Lane. Bldg E-141 • Reno, NV 89502 • 775-688-1268 • Fax 775-688-1272 nbop@govmail.nv.state.nv.us

## Licensed Assistant Behavior Analyst Supervisor Qualification Form USE TYPEWRITER OR PRINT LEGIBLY IN INK

1.00 SUPERVISOR PERSONAL DATA		1.01 Date	1.02 Name of Licensed Assistant Behavior Analyst (LaBA)		
1.03 Last Name, First Name, Middle Initial		1.04 Sex	1.05 Social Secur	1.05 Social Security #	
1.06 Home Address- Street	1.07 City	1.08 State	1.09 Zip	1.10 Phone ( )	
1.11 Business Address- Street	1.12 City	1.13 State	1.14 Zip	1.15 Phone ( )	
2.00 LICENSE INFORMATION					
2.01 Nevada license #:		2.02 Date License Granted:			
2.03 BCAB Certification #:		2.04 Date Certified:			
3.00 DESCRIPTION OF QUALIFY	YING SUPERVISION TI	RAINING OR EXPERIENC	E (see NAC 641.1563)		
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	<u></u>				
I affirm, under penalty of per accurate and complete and the training and experience or m	hat I have not withh	neld, misrepresented,			
Signature of Supervisor				——————————————————————————————————————	